

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31410

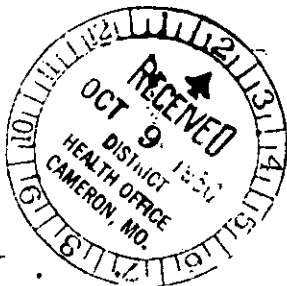
State File No.

FILED OCT 11 1950

BIRTH NO.		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0890</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond-Rural-Richmond</u> <u>1945</u>)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond-Rural-Richmond Twn.</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi. n.w. Richmond no</u> <u>Rural Route #5</u>				d. STREET ADDRESS <u>2 1/2 mi. n.w. Richmond no</u> <u>Rural Route #5</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>KELLY</u>		b. (Middle) <u>GRIMES</u>		c. (Last) <u>PRYOR</u>	
5. SEX <u>Male O</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2 Oct. 21, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Knoxville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Pryor</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Simpson</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Pryor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearley Yoakum</u> ADDRESS <u>Richmond, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> <u>Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept 27, 1950</u> to <u>Sept 30, 1950</u> , that I last saw the deceased alive on <u>Sept 29, 1950</u> and that death occurred at <u>10:30 a.m.</u> the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. Gray</u> (Type or Print)				23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>10-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kincaid Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knoxville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13-1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> <u>273</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-LILE FUNERAL HOME</u> ADDRESS <u>RICHMOND, MO. BY E. L. Graham</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard P. Kicherson

Licensed Embalmer No. *4792*

P. O. Address *Richmond, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.